NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Last Updated: August 1, 2026

About This Notice

Texan Vein & Vascular is required by federal and Texas law to protect the privacy and security of your protected health information (PHI). This notice explains your rights, our responsibilities, and the ways we may use or disclose your PHI. This notice applies to Texan Vein & Vascular and its workforce members, including physicians, employees, trainees, contractors, and others who are authorized to assist in providing or supporting your care.

At a Glance

Your Rights	Your Choices	Common Uses and Disclosures
• Get a copy of your records • Ask us to correct your records • Request confidential communications • Ask us to limit certain uses or disclosures • Get an accounting of certain disclosures • Choose a personal representative • File a complaint	• Tell us how to share information with family or others involved in your care • Tell us your communication preferences • Authorize most marketing, sale of PHI, and other non-routine uses • Opt out of fundraising communications if any are sent	• Treatment • Payment • Health care operations • Public health and safety • Research as permitted by law • Legal and government requirements • Workers' compensation • Court and administrative proceedings

1. Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record. You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to submit your request. We will provide a copy or summary, usually within 30 days, and may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record. You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in some circumstances, but we will explain the reason in writing, generally within 60 days.

Request confidential communications. You may ask us to contact you in a specific way, such as at a particular telephone number, through a patient portal, or by mail at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not generally required to agree, and we may deny a request if it could affect your care. If we agree, we may still disclose the information if emergency treatment is needed. If you pay in full out-of-pocket for a service or item, you may ask us not to disclose that information to your health plan for payment or health care operations; we will agree unless a law requires the disclosure.

Get a list of certain disclosures. You may request an accounting of certain disclosures of your health information made during the six years before your request. The accounting will not include disclosures for treatment, payment, health care operations, disclosures you authorized, and certain other disclosures permitted by law. One accounting in a 12-month period is free; we may charge a reasonable, cost-based fee for additional accountings.

Get a copy of this notice. You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide it promptly.

Choose someone to act for you. If a person has legal authority to act as your personal representative, such as under a medical power of attorney or guardianship, that person may exercise your rights and make choices about your health information. We will verify the person's authority before taking action.

File a complaint if you believe your rights were violated. You may complain to us using the contact information at the end of this notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

2. Your Choices

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions when required by law.

Family, friends, and others involved in your care. You may tell us whether to share relevant information with family members, close friends, or others involved in your care or payment for your care. If you are unable to tell us your preference, such as during an emergency or while unconscious, we may share information if we believe it is in your best interest and the disclosure is permitted by law.

Disaster relief. We may share information with an authorized disaster relief organization so that family members or others responsible for your care can be notified about your condition, status, and location, unless you object or the law otherwise limits the disclosure.

Written authorization. We will obtain your written authorization before using or disclosing your health information for most marketing purposes, before selling your health information, and before most disclosures of psychotherapy notes, if we maintain any. Other uses or disclosures not described in this notice will also require your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Fundraising. Texan Vein & Vascular does not currently use patient health information for fundraising. If this practice changes and we contact you for fundraising, you will have a clear opportunity to opt out of future fundraising communications.

3. How We Typically Use or Share Your Health Information

Treatment. We may use your health information and share it with physicians, hospitals, imaging facilities, laboratories, pharmacies, medical equipment suppliers, and other health care professionals or entities involved in your care. For example, we may send records to another clinician who is evaluating or treating you.

Payment. We may use and disclose your health information to bill and obtain payment from health plans, government programs, or other responsible parties. This may include eligibility checks, prior authorization, claims, appeals, utilization review, and collection activities.

Health care operations. We may use and disclose your health information to operate our practice, improve quality, coordinate care, train staff, conduct audits, perform compliance activities, evaluate performance, manage risk, and contact you when necessary. We may also use business associates that perform services for us and are required by contract to protect your information.

Appointment reminders and care communications. We may contact you by telephone, voicemail, mail, email, text message, patient portal, or other methods you have provided to remind you about appointments, discuss scheduling, provide care instructions, request information, or communicate about treatment alternatives and health-related services. You may request reasonable confidential communication methods.

4. Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information in the following circumstances, subject to applicable legal conditions and limitations:

- Public health and safety activities, such as preventing disease, reporting adverse events or product problems, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious and imminent threat to health or safety.
- Health research when the research has been approved or otherwise permitted by law.
- Compliance with federal and state law, including disclosures to the U.S. Department of Health and Human Services to demonstrate compliance with federal privacy law.
- Organ and tissue donation requests to organ procurement organizations.
- Disclosures to a coroner, medical examiner, or funeral director when a person dies.

- Workers' compensation claims and similar programs established by law.
- Law enforcement purposes when the disclosure is permitted or required by law.
- Health oversight activities, such as audits, investigations, inspections, and licensure actions authorized by law.
- Special government functions, such as military and veterans activities, national security, protective services, and correctional institutions, when permitted by law.
- Court or administrative proceedings, including responses to a court or administrative order and, when legally permitted, a subpoena, discovery request, or other lawful process.
- Business associates that provide services to us, such as billing, technology, document storage, legal, accounting, consulting, or record-copying services, under agreements requiring them to safeguard PHI.

5. Substance Use Disorder Records Protected by 42 CFR Part 2

To the extent that we receive or maintain substance use disorder patient records that are protected by 42 CFR Part 2, we will not use or disclose those records in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the disclosure is authorized by a court order and subpoena as required by law. If Part 2 information is ever used for fundraising communications, you will receive clear advance notice and a choice about whether to receive those communications.

6. Additional Protections Under Texas and Other Laws

Texas law may provide additional protection for certain health information, including mental health records, substance use information, communicable disease information, genetic information, and other specially protected records. When a Texas or other applicable law is more protective of your privacy than HIPAA, we will follow the more protective law. Texan Vein & Vascular is also subject to the Texas Medical Records Privacy Act.

7. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in the notice currently in effect and provide you a copy upon request.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing. You may revoke your authorization in writing at any time, except to the extent we have already acted in reliance on it.
- We will not retaliate against you for exercising your privacy rights or filing a complaint.

8. Changes to This Notice

We may change the terms of this notice, and the changes may apply to all health information we maintain, including information created or received before the change. The current notice will be available upon request, in our office, and on our website at www.texanvv.com.

9. Questions, Requests, or Complaints

Texan Vein & Vascular Privacy Officer
Christopher Zermeno
1785 E Whitestone Blvd, Suite 300
Cedar Park, TX 78613
Phone: 512-387-0114
Fax: 512-456-7695
Email: officemanager@texanvv.com
Website: www.texanvv.com

U.S. Department of Health and Human Services

Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Complaint information:
www.hhs.gov/hipaa/filing-a-complaint

This Notice of Privacy Practices applies to Texan Vein & Vascular at the location listed above and to members of its workforce who are authorized to use or disclose PHI on behalf of the practice.